

COMPOSITE STATE BOARD OF MEDICAL EXAMINERS



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FORM C ADVANCED PRACTICE REGISTERED NURSE (APRN) PROTOCOL WORKSHEET

NOTE: ADVANCED PRACTICE REGISTERED NURSE (APRN) PROTOCOL WORKSHEETS MUST BE UPDATED ANNUALLY

PLEASE PRINT LEGIBLY:

APRN NAME: _____ DATE OF BIRTH: _____

RN#: _____ DEA #: _____

ADDRESS: _____

Street Address

City

State

Zip Code

CERTIFICATION INFORMATION: (PLEASE CHECK THE APPROPRIATE BOX)

☐ CERTIFIED NURSE MIDWIFE

☐ NURSE PRACTITIONER

☐ PSYCHIATRIC/MENTAL HEALTH SPECIALIST

PLEASE LIST COMMONLY USED MEDICATIONS (SPECIFIC DRUGS NOT DRUG CATEGORIES)

1. _____	6. _____	11. _____	16. _____
2. _____	7. _____	12. _____	17. _____
3. _____	8. _____	13. _____	18. _____
4. _____	9. _____	14. _____	19. _____
5. _____	10. _____	15. _____	20. _____

ROUTINELY PERFORMED PROCEDURES (PLEASE LIST)

1. _____	6. _____	11. _____	16. _____
2. _____	7. _____	12. _____	17. _____
3. _____	8. _____	13. _____	18. _____
4. _____	9. _____	14. _____	19. _____
5. _____	10. _____	15. _____	20. _____

PROTOCOL REFERENCE SOURCES (NOTE: REFERENCE TEXTBOOKS ARE NOT APPLICABLE)

1. _____
2. _____
3. _____
4. _____
5. _____

The APRN is not authorized to dispense medicines with the intent to cause an abortion.

RN SIGNATURE

DATE

PHYSICIAN SIGNATURE

DATE